

TERMS OF REFERENCE

MULTIDISCIPLINARY COLLABORATIVE PRIMARY MATERNITY CARE PROJECT

Executive Committee

1. GOAL OF THE COLLABORATIVE PRIMARY MATERNITY CARE EXECUTIVE COMMITTEE

The following five organizations are partners in the submission to the Health Canada, Primary Health Care Transition Funds (PHCTF):

- Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
- Canadian Association of Midwives
- College of Family Physicians of Canada
- Society of Obstetricians and Gynaecologists of Canada
- Society of Rural Physicians of Canada
- The Canadian Nurses Association joined the original partners on the Executive Committee in November 2004.

Each partner organization of the Collaborative Primary Maternity Care Project is committed to promoting change in the provision of primary maternity care and the implementation of collaborative maternity care models.

The Executive Committee will approve plans and processes and receive progress reports on the project to ensure the achievement of the objectives of the project. The objectives of the project are defined in the submission to the PHCTF submission.

2. ROLES AND RESPONSIBILITIES

Members of the Executive Committee will:

- Participate in committee meetings;
- Provide advice and direction to project managers;
- Provide relevant information, as required;
- Provide information to help identify the needs of their members as it relates to the establishment of multidisciplinary collaborative maternity care models;
- Facilitate the implementation of data gathering and dissemination strategies through their communication tools, including publications, Web sites, and other promotional vehicles;

- Facilitate the adoption of guidelines on the provision of multidisciplinary collaborative primary maternity care;
- Support and participate in the evaluation process;
- Support and participate in the implementation of activities outlined in the proposal.

Role of provincial chapters of partner organizations

Each organization has a provincial/territorial sister organization or a regional chapter. More specifically, the College of Family Physicians of Canada and the Canadian Association of Midwives have provincial/territorial sister associations. The Society of Rural Physicians of Canada and the Society of Obstetricians and Gynaecologists of Canada have strong ties to their sister regional organizations (Atlantic Canada, Quebec, Ontario, Prairies, Western Canada).

The provincial/territorial and/or regional chapters of the partner organizations will be important in:

- Providing relevant provincial/territorial and/or regional information, as required;
- Providing opportunities;
- Providing contact names for the CC distribution list for the project;
- Facilitating the provincial/territorial and/or regional adoption of guidelines on the provision of multidisciplinary collaborative primary maternity care;
- Facilitating the implementation of provincial/territorial and/or regional dissemination strategies through their communication tools, including publications, Web sites, and other promotional vehicles.

3. COMPOSITION

- The Executive Committee will be composed of one representative and a designated alternate from each of the partner organizations who submitted the proposal to the PHCTF, Health Canada. The Canadian Nurses Association has also been asked to have a representative on the committee.
- A representative of Health Canada, PHCTF group will be invited to attend Executive Committee meetings as an observer.
- The Executive Committee will be responsible for providing the overall direction of the project. Representatives from the partner organizations will be required to actively participate in meetings, sharing opinions, experiences, findings and opportunities.

4. ACCOUNTABILITY

- As the signatory to the Contribution Agreement with Health Canada, The Society of Obstetricians and Gynaecologists of Canada (SOGC) is acknowledged to be the lead organization in this initiative and holds final accountability for the deliverables as per its agreement with Health Canada. The Executive Vice-President of SOGC will chair the Executive Committee.
- The Project Managers will report to the Chair of the Executive Committee.
- Financial reporting will be included in all meetings.

5. MEETINGS

- It is anticipated that the Executive Committee will meet every two to three months or more frequently at the call of the Chair.
- Any additional meetings will be conducted by teleconference to respect the budget allocation for meetings.
- In person meetings will last no more than one half day. Teleconference meetings will be limited to a maximum of two hours.
- To facilitate communications, the project manager will circulate a copy of the agenda and any required reading material at least one week prior to each meeting.
- Meetings with Health Canada – Any additional meetings called by Health Canada related to the project will be funded by Health Canada.

6. EXPENSES

- Funding for the Executive Committee is provided through Health Canada's Primary Health Care Transition Fund.
- Travel expenses of Executive Committee members will be covered for attendance at "in person" Executive Committee meetings. Requests for reimbursement of expenses will be accompanied by receipts.
- Loss of income for non-salaried committee members will be reimbursed at a rate of \$250 per day, for attendance at "in person" meetings.

7. CONFLICT OF INTEREST

Service as committee member may create situations that may result in conflicts of interest. The Executive Committee expects members to behave in a professional and ethical manner, to disclose real or perceived conflicts of interest, and to excuse themselves from discussions or decisions related to real or perceived conflicts of interest. The intent of this policy is to: maintain credibility in the project process and confidence in the decisions of the committee members and staff members; assure fairness and impartiality in decision-making; disclose

real or perceived conflicts of interest; and act impartially and avoid the appearance of impropriety. Conflict of interest is a breach of obligation to the project that has the effect or intention of advancing one's own interest or the interests of others in a way that is detrimental to the interests or potentially harmful to the integrity or fundamental purpose of the project.

PROCEDURE

- 1.** Individuals on the Executive Committee must not participate in any decision-making capacity to that part of the project that they have or have had a close, active association as a consultant.
- 2.** A committee member who has identified a potential conflict of interest for a part of the project will be excused from the room when the Executive Committee is discussing and/or voting on the item that has caused the potential conflict.
- 3.** The minutes will reflect when the committee member has left the room.
- 4.** The committee member will not return to the room until all discussion and voting related to the matter has been completed and recorded.
- 5.** The minutes will reflect the committee member has returned to the room.